

# AUTO CR - LOG SUMMARY #1050668

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved member was responding to a battery in progress call involving a large crowd of high school students. It is reported that the offender, [REDACTED] kicked the involved member when he was trying to sepearate her and a female subject, who were punching each other about the body. It is reported that the involved member discharged his taser in order to subdue the offender and effect the arrest. It is reported that the offender [REDACTED] refused several verbal commands to leave the school grounds and became combative. It is reported that the involved member discharged his taser in order to subdue the offender and effect the arrest.	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	O LEARY, BRIAN D	2137	[REDACTED]	004 /	SERGEANT OF POLICE	M	WHI	

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
13-DEC-2011 11:00 - 13-DEC-2011 11:00	[REDACTED]	0423	004	314 - SCHOOL, PUBLIC, BUILDING	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	CALATAYUD, ALEXANDER	18664	[REDACTED]	004 /	POLICE OFFICER	M	S	
NON-CPD	Victim/Subject	[REDACTED]				F	BLK	[REDACTED]	
NON-CPD	Victim/Subject	[REDACTED]						[REDACTED]	

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Incident Category List

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-DEC-2011 10:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-DEC-2011 10:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	27-DEC-2011 01:08	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	24-DEC-2011 02:53	JACKSON, ANGELA	INVESTIGATOR I COPA	113 /	
PRELIMINARY	24-DEC-2011 02:53	JACKSON, ANGELA	INVESTIGATOR I COPA	113 /	
PRELIMINARY	24-DEC-2011 02:27	JACKSON, ANGELA	INVESTIGATOR I COPA	113 /	
PRELIMINARY	13-DEC-2011 01:16	HEARD, LORRAINE	POLICE AIDE	716 / 113	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					HEARD, LORRAINE	13-DEC-2011 01:16			
	DOCUMENTS - INTAKE INCIDENT		2	Arrestee [REDACTED]	N	JACKSON, ANGELA	24-DEC-2011 02:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	JACKSON, ANGELA	24-DEC-2011 02:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	[REDACTED]	N	JACKSON, ANGELA	24-DEC-2011 02:53	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Arrestee - [REDACTED]	N	JACKSON, ANGELA	24-DEC-2011 02:39	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 13-DEC-2011) - LOG #1050668

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	O LEARY, BRIAN D	2137		004 /	SERGEANT OF POLICE	M	WHI		

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## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	13-DEC-2011 13:16	HEARD, LORRAINE	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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PRELIMINARY	13-DEC-2011 01:16	HEARD, LORRAINE	POLICE AIDE	716 / 113	




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 PROTECT LIFE
 

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**TASER Information**

**Serial #** X00-548675  
**Model #** X26  
**X26 Software Version** 22  
**Dataport CD Version** 17.9  
**Record Date Range** 12/13/2011 - 12/13/2011  
**Computer Time Zone** Central Standard Time \*DST  
**Using Daylight Savings Time** Yes

**Downloaded By**

**Name** Brian O'Leary  
**Dept** CPD004  
**Rank** Sgt  
**Windows Version** Windows XP  
**Report Generated** 12/13/11 12:31:31 (local)

**Recorded Firing Data**

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/26/10 16:44:45	10/26/10 11:44:45	Old Time		
0003	10/26/10 16:44:46	10/26/10 11:44:46	New Time		
0004	08/30/11 23:31:17	08/30/11 18:31:17	Old Time		
0005	08/30/11 23:21:50	08/30/11 18:21:50	New Time		
0006	11/19/11 21:49:50	11/19/11 15:49:50	Old Time		
0007	11/19/11 21:47:10	11/19/11 15:47:10	New Time		
0008	12/13/11 16:46:26	12/13/11 10:46:26	3	27	98
0009	12/13/11 16:46:41	12/13/11 10:46:41	2	27	97

End of Report.

# CTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>13-DEC-2011</b>		TIME <b>10:55:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>314</b>		4. BEAT/OCCUR <b>0423</b>																																																																																				
5. POSITION <b>9161</b>		6. LAST NAME <b>CALATAYUD</b>		7. FIRST NAME <b>ALEXANDER</b>		8. STAR NO. <b>18664</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE [REDACTED]		12. HT. <b>508</b>		13. WT. <b>175</b>																																																																													
14. DATE OF APPT <b>05-JUN-1995</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>004 0478</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																			
20. LAST NAME [REDACTED]				21. FIRST NAME [REDACTED]				22. M.I. <b>C</b>		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>508</b>		27. WT. <b>140</b>																																																																											
28. ADDRESS [REDACTED]				29. TELEPHONE NO. [REDACTED]				30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																													
33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?				35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence				36. CHARGES PLACED [REDACTED]				37. CB NO. <b>IR NO.</b> <input type="checkbox"/> DNA																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;">SUBJECTS</th> <th style="width:20%;">PASSIVE RESISTER</th> <th style="width:20%;">ACTIVE RESISTER</th> <th style="width:20%;">ASSAILANT: ASSAULT</th> <th style="width:20%;">ASSAILANT: BATTERY</th> <th style="width:20%;">ASSAILANT: DEADLY FORCE</th> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;"><b>ACTIONS</b></td> <td>DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/></td> <td>FLED <input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td>PULLED AWAY <input type="checkbox"/></td> <td>OTHER <u>FIGHTING WITH CLASSM</u></td> <td>ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/></td> <td>WEAPON <input type="checkbox"/></td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;"><b>MEMBER'S RESPONSE</b></td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER <u>PUNCHING &amp; KICKING CL</u></td> <td>OTHER _____</td> <td>OTHER _____</td> </tr> <tr> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE <input type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> <td>FIREARM <input type="checkbox"/></td> </tr> <tr> <td></td> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td></td> <td>ESCORT HOLDS <input type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>WRISTLOCK <input type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARMBAR <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Contact Stun) <input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (Laser Targeted) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>OTHER _____</td> <td>OTHER _____</td> <td></td> <td></td> <td></td> </tr> </table>																		SUBJECTS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: DEADLY FORCE	<b>ACTIONS</b>	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER <u>FIGHTING WITH CLASSM</u>	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>	<b>MEMBER'S RESPONSE</b>	OTHER _____	OTHER _____	OTHER <u>PUNCHING &amp; KICKING CL</u>	OTHER _____	OTHER _____	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____		ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>					ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>					PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input checked="" type="checkbox"/>					CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>					OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>					OTHER _____	OTHER _____			
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	OTHER _____	OTHER _____																																																																																											
* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) _____ 40. ADDITIONAL INFORMATION <b>R/O'S WERE SUMMONED TO THE LUNCHROOM TO ASSIST IN BREAKING UP A FIST FIGHT BY SCHOOL OFFICIALS, UPON ARRIVAL ABOVE SUB WAS OBSERVED BY R/O PUNCHING/FIGHTING A FELLOW CLASSMATE. SUB WAS TOLD SEVERAL TIMES TO GET OFF THE CLASSMATE, SUB REFUSED DIRECTION.</b>																																																																																													
POSITION		STAR NO.		UNIT																																																																																									
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS <b>CLEAR</b>																																																																																	
45. MAKE/MANUFACTURER				46. MODEL				47. BARREL LENGTH				48. CALIBER/GAUGE																																																																																	
49. TASER DART ID NO.				50. WEAPON SERIAL No. (Include Letters)				51. CHICAGO GUN REG. NO.				52. IL FIREARM OWNER ID. NO.																																																																																	
53. HANDGUN CERTIFICATE NO.				54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED																																																																																	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.				58. TOTAL NO. OF SHOTS MEMBER FIRED				59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																	
61. NO OF CATRIDGES/ SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)				63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																																																																																	
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.				68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																																																																																	
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																																													
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																																													
73. REPORTING MEMBER (Print Name) <b>CALATAYUD, ALEXANDER</b> 13-DEC-2011 12:22:55 STAR/EMPLOYEE NO. <b>18664</b> SIGNATURE [REDACTED]																																																																																													
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																																																																																													
74. REVIEWING SUPERVISOR (Print Name) <b>O LEARY, BRIAN D</b> STAR NO. <b>2137</b> SIGNATURE [REDACTED] DATE REVIEWED <b>13-DEC-2011 12:30:18</b> TIME																																																																																													

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Interviewed at 1252 hrs.. Offender admitted to fighting with other arrestee and other girls.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the available information, I have concluded that the member's actions were in compliance with Department procedures and directives

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MILMINE, KEITH A

SIGNATURE

DATE COMPLETED

TIME

13-DEC-2011 13:00:34

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

2

## CTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT * <b>13-DEC-2011</b>		TIME <b>10:55:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE <b>314</b>		4. BEAT/OCCUR <b>0423</b>									
5. POSITION <b>9161</b>		6. LAST NAME <b>CALATAYUD</b>		7. FIRST NAME <b>ALEXANDER</b>		8. STAR NO. <b>18664</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE [REDACTED]		12. HT <b>508</b>		13. WT <b>175</b>	
14. DATE OF APPT <b>05-JUN-1995</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>004 0478</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. <b>E</b>		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT <b>511</b>		27. WT <b>200</b>			
28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED?/FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
36. CHARGES PLACED				37. CB NO. [REDACTED]		IR NO. [REDACTED]											
SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT: ASSAULT		ASSAULTANT: BATTERY		ASSAULTANT: DEADLY FORCE							
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <u>FIGHTING WITH STUDENT</u>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER <u>KICK'D R/O SEVERAL TIM</u>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____							
		OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION <b>TASER (CONTACT STUN) #X00548675</b>													
POSITION		STAR NO.		UNIT													
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>											
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE											
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED									
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CATDRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
73. REPORTING MEMBER (Print Name) <b>CALATAYUD, ALEXANDER</b>		STAR/EMPLOYEE NO. <b>18664</b>		SIGNATURE [REDACTED]													
74. REVIEWING SUPERVISOR (Print Name) <b>O LEARY, BRIAN D</b>		STAR NO. <b>2137</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>13-DEC-2011 12:31:00</b>		TIME									



## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Interviewed at 1257 hrs.. Offender stated she was attempting to help her friend who was involved in a fight.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the available information, I have concluded that the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MILMINE, KEITH A

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

13-DEC-2011 12:58:27

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☐ I.O.D. REPORT

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80. TOTAL TRR's THIS EVENT No.

2

CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C

RD #: [REDACTED]  
Case ID: [REDACTED]  
EVENT #: [REDACTED]

INCIDENT	<b>APPROVAL COMPLETE</b>		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	0460 - Battery - Simple		
	Occurrence Location: [REDACTED] 314 - School, Public, Building Occurrence Date: 13 December 2011 10:55	Beat: 0423	Unit Assigned: 0423 RO Arrival Date: 13 December 2011 10:55 # Offenders: 2

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		
	Name: [REDACTED]	Beat: 0434	<b>Demographics</b> Male White Hispanic Age: 42 Years
	Res: [REDACTED]		
	Sobriety: Sober		
	CPD Officer: No		
NON-OFFENDER(S)	<b>VICTIM - Individual</b>		
	Name: [REDACTED]	Beat: 3100	<b>Demographics</b> Female Black Age: [REDACTED]
	Res: [REDACTED]		
	Sobriety: Sober		
	CPD Officer: No		
NON-OFFENDER(S)	<b>PARENT/GUARDIAN - Individual</b>		
	Name: [REDACTED]	Beat: 3100	<b>Demographics</b> Male Black Age: 50 Years - Approx.
	Res: [REDACTED]		
	CPD Officer: No		

SUSPECT(S)	<b>Suspect # 1</b>		<b>In Custody</b>
	Name: [REDACTED]	Beat: 0423	<b>Demographics</b> Female Black 5'11, 200 lbs , Brown Eyes Black Hair Braids Hair Style Medium Complexion
	Res: [REDACTED]	Beat: 0423	DOB: [REDACTED] Age: 18 years Birth Place: Illinois
	School: [REDACTED]		

SUSPECT(S)	Suspect # 2		In Custody	
	Name:	Res:	Beat:	Demographics
	[REDACTED]	[REDACTED]	0423	Female Black 5'07, 140 lbs , Brown Eyes Brown Hair Styled Hair Style Medium Complexion
	School:	[REDACTED]	Beat: 0423	DOB: [REDACTED] Age: 18 years Birth Place: Illinois

RELATIONSHIP	[REDACTED]	( Victim )	is a No Relationship of	[REDACTED]	( Offender )
	[REDACTED]	( Victim )	is a No Relationship of	[REDACTED]	( Offender )
	[REDACTED]	( Victim )	is a Acquaintance of	[REDACTED]	( Offender )
	[REDACTED]	( Victim )	is a Acquaintance of	[REDACTED]	( Offender )

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

NARRATIVES	<p>EVENT # [REDACTED] IN CUSTODY CHARGE 720 ILCS 5/12-3-A-2 720 ILCS 5/31-1-A COURT 10 JAN 2012 IN SUMMARY P.O.ALEX CALATAYUD # 18664 (VICTIM AND COMPLAINANT) RELATED THAT HE WAS REQUESTED TO THE LUNCH ROOM AT [REDACTED] WHERE A FIGHT BROKE OUT BETWEEN [REDACTED] (VICTIM AND COMPLAINANT) AND [REDACTED] (OFFENDER) . P.O. ALEX CALATAYUD # 18664(VICTIM AND COMPLAINANT) ATTEMPTED TO BREAK UP THE FIGHT WHEN [REDACTED] (OFFENDER) WAS TOLD TO STOP KICKING BECAUSE SHE WAS KICKING HIM BUT SHE REFUSED, SHE KICKED HIM IN THE LOWER RIGHT LEG . P.O.ALEX CALATAYUD (VICTIM AND COMPLAINANT) THEN HAD TO USE HIS COMPANY ISSUED TASER TO DRY STUN [REDACTED] (OFFENDER) TO STOP HER FROM KICKING HIM AND PLACE HER IN CUSTODY.TRR COMPLETED. [REDACTED] (VICTIM AND COMPLAINANT) RECEIVED A CUT OVER HER LEFT EYE AS WELL AS LUMPS ON HER HEAD, SHE WAS TRANSPORTED TO [REDACTED] FOR TREATMENT AND OBSERVATION. [REDACTED] (PARENT/GUARDIAN) WAS NOTIFIED IN PERSON BT 470 ON SCENE.</p>
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PERSONNEL	Star No	Emp No	Name	User	Date	Unit	Beat
	Reporting Officer	18334	[REDACTED]	ROY, Daniel, L	[REDACTED]	13 Dec 2011 12:49	004

IUCR ASSOCS.	Victim	IUCR	Crime	Offender
	[REDACTED]	0454 0460	Battery - Agg Po Hands No/Min Injury Battery - Simple	[REDACTED]